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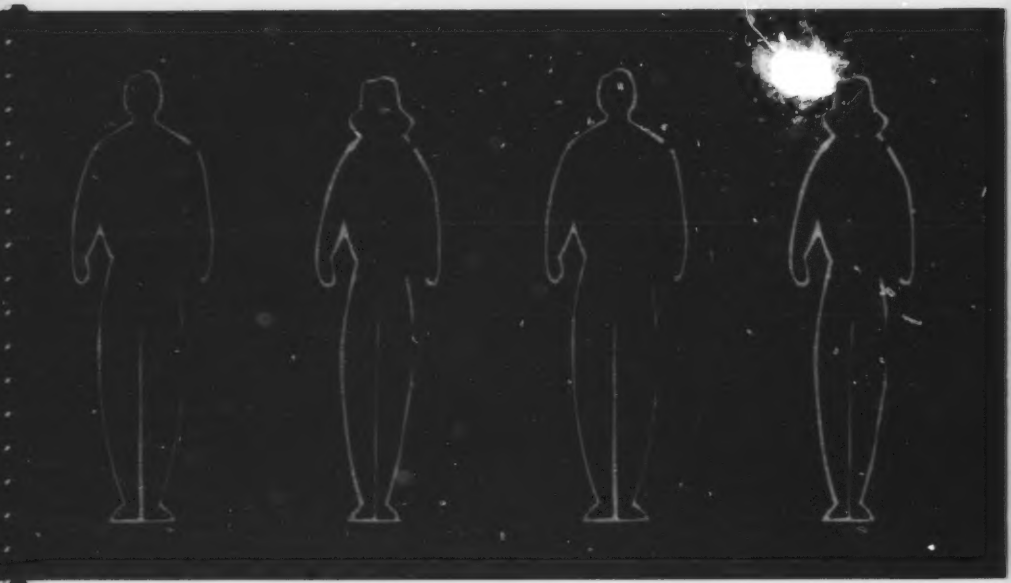

A HANDBOOK ON ABUSE OF THE ELDERLY

OFFICE FOR
SENIORS

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A HANDBOOK ON ABUSE OF THE ELDERLY

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A HANDBOOK ON ABUSE OF THE ELDERLY

"It must be recognized that many incidents of elder abuse are crimes, not just bad social behaviour or mistreatment of the old. However, we must be vigilant to develop interventions and assistance for victims that support their right to self-determination and do not victimize the victim in the name of protection."

Judith Wahl, Advocacy Centre for the Elderly

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An interdisciplinary steering committee, whose members are listed below, provided direction.

Ms. Betty Andersen	Elder Abuse Project (Victoria)
Staff Sergeant Paul Awalt	Victoria Police Department
Ms. Margaret Farley	Office for Seniors (Ministry of Health and Ministry Responsible for Seniors)
Mr. John Gibb	Community Care Facilities Licensing (Ministry of Health and Ministry Responsible for Seniors)
Ms. Elizabeth Hamlet	Juan de Fuca Hospital Society
Ms. Ferne Heaps	Victim Assistance Program (Chilliwack) (Ministry of Attorney General)
Mr. Phil Jennings	Continuing Care Division (Ministry of Health and Ministry Responsible for Seniors)
Mr. Alex Johnston	R.C.M.P.
Ms. June Laker	Office of the Public Trustee
Dr. Catherine Luke	Office for Seniors (Ministry of Health and Ministry Responsible for Seniors)
Ms. Pearl McKenzie	North Shore Community Services
Dr. Jacquelyn Nelson	Policy and Program Services (Ministry of Attorney General)
Mr. Joe Scaletta	Elderly Outreach Services (Victoria Mental Health Centre)
Mr. Terry Scarbo	R.C.M.P.
Mr. Bryon Taylor	Staff Training (Ministry of Health and Ministry Responsible for Seniors)
Ms. Mish Vadasz	Seniors' Advisory Council
Ms. Barbara Wilson	Senior Citizens Counsellor Program (Ministry of Social Services)

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Introduction

Who Is This Handbook For?

This handbook was designed as a reference tool for people who, by virtue of the work they do with the elderly, are in a strategic position to:

- identify an elderly person who is being abused
- respond accordingly with support and practical assistance through the effective use of community resources.

A broad range of practitioners are likely to encounter instances of abuse of older people in the course of their work. These service providers include:

- continuing care workers
- staff in care facilities
- social workers
- victim assistance workers
- mental health workers
- lawyers and paralegals working in Community Law Offices, Legal Aid Clinics, or private practice
- police
- crown prosecutors
- staff from transition houses and women's centres
- directors and other staff of seniors' activity centres
- housing managers
- staff from banking and other financial services institutions
- representatives from the federal Income Security programs
- financial assistance workers
- coordinators of information and referral centres
- nurses
- physicians
- gatekeepers within the community, e.g., business operators or postal workers who are regularly in touch with seniors
- staff of culturally-specific agencies, e.g., immigrant-serving agencies, Native Friendship Centres, etc.
- alcohol treatment program workers
- others involved in community care or service delivery

How Is This Handbook Organized?

This handbook contains the following components:

Part I
Elder Abuse: A Synopsis

Part II
Connecting: Using the Resources

Part III
Community Resource Directory

Part I of this handbook is a general overview of the subject of elder abuse based on the academic and professional literature, including theories of causation and barriers to reporting. Also included is a summary of British Columbia legislation which is related to abuse of elderly persons and their property. The first part of the handbook also includes definitions of elder abuse and neglect and indicators of various kinds of abuse and neglect.

Part II describes services and agencies that may be able to assist in cases of elder abuse. These agencies include provincial government programs, government-funded institutions such as hospitals, and a variety of voluntary agencies and self-help organizations. Understanding the roles and responsibilities of various service providers is important to moving towards an effective and coordinated response to the problem of elder abuse.

Part III provides a checklist of agencies and services, with contact phone numbers where appropriate. The checklist is in a format that may help readers to make notes on their local resources and assemble a quick reference guide.

Materials in this handbook have been adapted from many sources. References are indicated where appropriate. Sources are also cited in the Bibliography.

CONNECTING

A HANDBOOK ON ABUSE OF THE ELDERLY

Part I

Elder Abuse: A Synopsis

Overview of Elder Abuse

While elder abuse is not a new phenomenon, it is only within the recent past that it has come under scrutiny by researchers, policy makers, and service providers. In British Columbia, government and community agencies have recognized that elder abuse is a multifaceted problem which requires the attention and expertise of a wide range of service providers, and have been working together to develop effective responses to the problem.

As both the number and proportion of persons over the age of 65 increases, society must rise to the challenge of ensuring that they live in safety and security.

Definition of Elder Abuse

There is a variety of definitions of elder abuse in the research and professional literatures and, as yet, no agreement has been reached. The following definition has been developed and adopted by the B.C. Government Interministry Committee on Elder Abuse in the hopes that it will prove to be a good, useful definition and that it will be consistently used throughout the province in discussions of elder abuse and as a standard to assist in data collection.

Elder abuse is any action/inaction, perpetrated by a person in a position of trust, which jeopardizes the health or well-being of an elderly person and may include the following.

> **Physical abuse** is any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.
>
> **Psychological or emotional abuse** is any act, including confinement, isolation, verbal assault, humiliation, intimidation, infantilization or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Financial Abuse or Exploitation is the misuse of an elderly person's funds and assets; obtaining property and funds without that person's knowledge and full consent, or in the case of an elderly person who is not competent, not in that person's best interests.

Sexual Abuse is any sexual behaviour directed towards an elderly person without that person's full knowledge and consent, i.e., sexual assault, sexual harassment or use of pornography.

Medication Abuse is the misuse of an elderly person's medications and prescriptions, including withholding medication and over medicating.

Violation of Civil/Human Rights is the denial of an elderly person's fundamental rights (according to legislation, the Charter of Rights and Freedoms, or the U.N. Declaration of Human Rights); for example, withholding information, denial of privacy, denial of visitors, restriction of liberty or mail censorship.

Neglect may be active neglect which is the intentional withholding of basic necessities or care or passive neglect which is not providing basic necessities and care because of lack of experience, information or ability.

(Source: Interministry Committee on Elder Abuse. Principles, Procedures and Protocols for Elder Abuse. 1992)

These definitions are intended to help people in the community and professionals working with the elderly to recognize and respond to elder abuse.

For the purposes of most discussions, abuse of the elderly is distinguished from other crimes against people over the age of 65 by an ongoing relationship of trust and dependence between the abuser and the abused. Moreover, in cases of elder abuse, the victim may be under the control or influence of the abuser. Common examples include victimization by a family member, a friend, or staff in a residential facility. The key point is that the abuser is in a position of trust, has authority over the victim, or the victim is dependent in some way on the abuser.

Common Indicators of Abuse and Neglect

CATEGORY OF ABUSE	INDICATORS
Physical Abuse	• unexplained injuries such as bruises, burns, swellings • injury for which explanation does not fit evidence • delay in seeking treatment • injury to scalp, evidence of hair pulling • symmetrical grip marks, evidence of shaking
Psychological or Emotional Abuse	• fear • withdrawal • low self esteem • extreme passivity • elderly person appears nervous around the caregiver
Financial Abuse or Exploitation	• unexplained discrepancy between known income and standard of living • an elderly person has signed a document (e.g., will, property deed) without full understanding • possessions disappearing • if you work in a financial institution: an elderly person is surprised by an over-drawn or lower-than-expected bank balance; unusual transactions conducted on behalf of an older person.
Sexual Abuse	• pain, bruises, bleeding in genital area

CATEGORY OF ABUSE	INDICATORS
Medication Abuse	• reduced mental or physical activity • depression • reduced/absent therapeutic response
Denial of Civil/ Human Rights	• difficulty visiting, calling, or other-wise contacting an elderly person • elderly person makes excuses for social isolation
Neglect	• malnourished, dehydrated • missing dentures, glasses, hearing aid • unattended for long periods or tied to bed/chair • unkempt appearance – dirty or inappropriate clothing • untreated medical problems

(Source: Interministry Committee on Elder Abuse. Principles, Procedures and Protocols for Elder Abuse, 1992.)

Guiding Principles for Responding to Elder Abuse

The following set of principles may be helpful to relatives, friends, or service providers who are dealing with cases of elder abuse. These principles are neither complete nor final and are offered simply for consideration in shaping a framework in which to think about and respond to the problem of elder abuse.

1. As with all adults, the elderly have the right to:
   - the basic requirements of life – food, shelter and social contact
   - live their lives as they wish provided they do not infringe upon the rights and safety of others
   - protection from physical, emotional, financial, sexual and medication abuse, violation of civil/human rights, and neglect
   - information about their civil and legal rights
   - participate in making decisions about themselves in accordance with their ability to do so
   - refuse assistance and intervention
   - self determination.

2. Every situation involving suspected abuse and neglect must be assessed individually to determine the best interests of the person(s) involved and the degree of intrusion warranted. Situations will vary in degree of risk for the adult person.

3. In a suspected case of abuse, intervention should:
   - be the least intrusive or restrictive
   - be aimed at maximizing the elderly person's/family's choices
   - be based on the elderly person's/family's strengths and abilities for positive action
   - only be undertaken with the voluntary and informed consent of the elderly person whenever and to whatever degree that person is able to participate

- should respect the elderly person's/family's confidentiality.

4. Assault, theft, uttering threats, fraud and neglect are crimes. The police should be called to deal with complaints or instances of alleged criminality

(Source: InterMinistry Committee on Elder Abuse. Principles, Procedures and Protocols. 1992.)

Elder Abuse In Context

During the past few decades, there has been considerable concern and attention about family violence, particularly in the area of child abuse and spousal assault. More recently, we have recognized that another dimension of family violence is the abuse and neglect of elderly persons.

The National Survey on Abuse of the Elderly in Canada: The Ryerson Study (1990) states that seniors who reside in private dwellings account for more than 90% of all seniors in Canada. This study, which sought to identify, on a national scale, the prevalence and circumstances of abuse of the elderly, selected four major categories of abuse: material abuse, chronic verbal aggression, physical violence and neglect. The study was directed towards seniors who reside in private dwellings and based on a telephone survey. Some of the most significant findings of the study are as follows:

- About 40 persons per 1000 elderly population in private dwellings had recently experienced some serious form of maltreatment in their own home, at the hands of a partner, relative or other close contact.
- Given the nearly 2.5 million elderly Canadians living in private dwellings, the findings suggest that about 100,000 elderly persons in the country may have recently suffered from one or more forms of abuse or neglect.
- The prevalence rates in the five regions covered in the study ranged from a low of 30 per 1000 in the Prairies to a high of about 53 per 1000 in British Columbia.
- Material abuse accounted for more than one-half of those cases, while chronic verbal aggression accounted for about another one-third.
- Risk factors differed significantly among victims of the four forms of abuse. Victims of material abuse and neglect tend to be similar in certain basic characteristics.

Both are more likely to be widowed and living alone and report that they have no one to help them in the event of an illness or disability.

- Victims of verbal aggression and physical violence tend to be married to and living with their abuser.

While there has been very little research on elder abuse in Canada, most has been focused on abuse within the family setting. Thus, the impression that abuse within the family is most prevalent could change as researchers investigate other settings. There are anecdotal reports of elder abuse by professional caregivers, in residential and medical care facilities, for example, but whether these are isolated instances or represent more common problems is simply not known at this time.

Profiles of the Victim of Elder Abuse and the Abuser

Studies on elder abuse vary in their description of the typical victim and the typical abuser. However, the following profiles of victim and abuser emerge from the available literature:

Victim

- According to some statistics, the majority of abused elderly people are female; this may be due to the fact that there are more elderly women than men in the Canadian population.
- The elderly victim of abuse is usually dependent, in some way, on the abuser.
- The elderly person with mental or physical disabilities is more vulnerable to abuse than the elderly person who is mentally competent and physically capable.
- The elderly person who is abused is often isolated from friends, neighbours and other family.
- The elderly person who suffers abuse is frequently reluctant or unwilling to report that abuse has occurred.

Abuser

- The abuser is often a family member – a son, daughter, spouse, grandchild or other relative.
- The abuser who is a family member is often dependent on the victim for financial support.
- The abuser may have a personality disorder, history of poor mental health or a drug/alcohol problem.
- The abuse by professional caregivers is usually in the form of neglect, poor care and overall lack of respect for the older person.
- Abuse by professional caregivers may also involve financial abuse or misuse or theft of possessions in residential care.

Causation Theories – Why Does Elder Abuse Happen?

There are various theories about the causes of elder abuse, many of which appear in the literature listed in the Bibliography (Appendix III). As research into causation is still in formative stages, the following list is not exhaustive, but gives an overview of some reasons why abuse of the elderly has been thought to occur.

- Elder abuse may be part of a cycle of violence within the family.
- Elder abuse may be an extreme symptom of our society's devaluation and marginalization of older persons.
- Seniors are more vulnerable to abuse when they are physically and socially isolated.
- Some incidents of elder abuse are spousal abuse continuing into old age.
- Elder abuse may be linked with dysfunctional characteristics of the abuser, such as alcohol or drug dependency, also emotional or psychological instabilities.
- External stresses on the family caregiver, such as unemployment, medical problems, or other life crises which may reduce coping mechanisms and lead to abusive situations.
- Family caregivers may be elderly, in poor health, and unable to provide adequate care. They may also be ignorant of the process of aging, of how to be a caregiver, or of the resources available to assist them.
- Greed is a factor in financial abuse.
- Formal caregivers may experience stress in their personal lives which in turn affects the way they do their job and lead to abuse of elderly persons for whom they are providing care.
- Formal caregivers who may not be able to do their jobs properly because of poor in-service training, low wages, under-staffing and overwork may be abusive to elderly persons for whom they are providing care.

The Needs of the Victim of Elder Abuse

Victims of elder abuse need:

- the abuser to stop the violence, exploitation or negligence
- access to safety, shelter and financial resources
- home support services so they may become independent of the abuser
- emotional support, counselling, practical assistance and greater links to the community
- information about the health care system, social services network, financial resources, legal services and criminal justice system.

(Source: Judith Wahl, Elder Abuse: The Hidden Crime, 1991)

Barriers to Reporting Elder Abuse

The elderly victim may be reluctant to seek help for some of the following reasons:

- They are physically or mentally unable to make a report.
- They are isolated and completely under the control of the abuser.
- They fear recrimination from the abuser.
- They fear consequences to their loved ones.
- They fear that they will be blamed.
- They fear being institutionalized.
- They are unaware of support services available or believe that others cannot really help them.
- They are ashamed to tell anyone that a family member is abusing them.

(Source: Judith Wahl, Elder Abuse: The Hidden Crime, 1991)

Existing Legislation For The Protection Of Adults And Their Property

Currently, in British Columbia, there is no legislation which deals specifically with the problem of elder abuse. Some other provincial jurisdictions have enacted adult protection legislation as one of the ways of responding to the abuse of the elderly. The implementation of adult protection legislation in British Columbia is the subject of much debate and, to date, no consensus has been reached.

The existing legislation, which is briefly described here, does provide some safeguards and recourse for elderly persons who have been abused, but it is by no means comprehensive and there are limitations in some of the areas.

It is beyond the scope of this handbook to make a thorough examination and assessment of all the issues regarding current and proposed legislation.

Federal Legislation

The Criminal Code of Canada

The basic source of criminal law in Canada is the Criminal Code. In British Columbia, the offenses listed in the Criminal Code are investigated by either the R.C.M.P. or the municipal police forces and are prosecuted by Crown Counsel.

Some forms of elder abuse are, in fact, criminal offenses within the Criminal Code of Canada. Some examples are:

Physical Assault
- Assault
- Sexual Assault
- Forcible Confinement
- Murder/Manslaughter

Financial Abuse	• Theft, including theft by a person holding power of attorney • Fraud • Robbery • Forgery • Extortion • Stopping Mail with Intent
Neglect	• Criminal negligence causing bodily harm • Breach of duty to provide the necessities
Mental Cruelty	• Intimidation • Uttering Threats

British Columbia Provincial Legislation

Power of Attorney Act

A Power of Attorney is a legal document, granted by a capable person, which has the effect of giving authority to another person to make decisions for them. Only legal and financial authority can be given to another person in a Power of Attorney. There is nothing in the *Power of Attorney Act* that obliges the Attorney to account for his or her actions.

Patient Property Act

A committee, who could be a private individual or the Public Trustee, can be given authority for decision making about the financial affairs of an individual who has been declared by a court to be mentally incapable of managing his or her financial affairs. Under this Act, there is a requirement that the "private committee" provide a regular financial accounting to the Office of the Public Trustee. If the reports are not adequate or if there is concern that the "committee"

has not properly performed the required duties, the appointment of the "committee" can be rescinded. If the "private committee" is suspected of financial abuse, the Public Trustee has the statutory authority to investigate these circumstances.

Family Relations Act

There is a provision in this Act for division of family assets, upon separation or divorce. It can also be used to access support payments for a dependent spouse.

Health Act

This Act empowers a medical health officer to take some form of action in instances where the health of the public may be endangered. This Act could be effective in dealing with cases of self-neglect, such as living in unsanitary conditions, but only where it poses a health hazard to the community.

Community Care Facilities Act

This Act empowers the Medical Health Officer to investigate any complaints about a licensed facility. Appeals can also be made to the Provincial Adult Care Facilities Licensing Board which is empowered under this Act to cancel or suspend the license or permit of an operator.

British Columbia Elder Abuse Initiatives

Abuse and neglect of older persons is an issue of concern throughout British Columbia. Though the significance of the problem does not depend on numbers, it is a fact that demographic trends indicate the numbers at risk for abuse and neglect will be increasing over the next decades as our population continues to age. The increases will be particularly evident at the advanced ages as frailty and dependence tend to increase with age.

Since the early 1980s, the growing concern about and awareness of elder abuse has resulted in the development of initiatives at both the local and provincial levels.

The Social Planning and Research Council of British Columbia received funding from the Federal Government Seniors Independence Program to produce brochures, a video and a training kit which were used for education and public awareness on elder abuse. As part of this project, five communities in the province were selected to receive basic education on issues of elder abuse.

In 1989, North Shore Community Services received funding from the federal government to provide legal information to the elderly, and to document cases of elder abuse in North and West Vancouver.

In June of 1991, a conference and workshop held at the Justice Institute in Vancouver, B.C., titled "Abuse of the Elderly: A Shared Problem," brought together service providers from a very broad spectrum of disciplines, providing services to senior citizens in the province, to work together to develop a coordinated response to the problem of the abuse of the elderly.

The B.C. government assigned to the Ministry of Health and the Ministry Responsible for Seniors the lead role in responding to and coordinating provincial actions on elder abuse. An Interministry committee was established to develop a strategy for dealing with elder abuse, and a Coordinator of Elder Abuse with the Continuing Care Division has been appointed to work with health care providers to encourage a consistent and appropriate response to elder abuse.

The B.C. Health Research Foundation has funded a time-limited research and direct service project in Victoria. The Victoria Elder Abuse Project is co-sponsored by the Mayor's Advisory Group on the Prevention of Violence Toward Women, Children and the Elderly, and the Greater Victoria Hospital Society, Department of Social Work. Results will be published in 1993.

The B.C. Coalition on the Prevention of Abuse and Neglect of the Elderly is a working group of representatives from the federal and provincial governments, voluntary agencies, universities and seniors and other concerned individuals.

CONNECTING

A HANDBOOK ON ABUSE OF THE ELDERLY

Part II

Connecting: Using The Resources

The Rationale For a Coordinated Response to Elder Abuse

Abuse of the elderly is a complicated problem which may require social, health, and criminal justice interventions. There may be a variety of agencies required to deal with an elder abuse case; thus, coordinating prevention and intervention actions is vital.

We live in an age of specialization. In our society, the responsibility for various aspects of a person's health and well-being is shared among a growing number of specialists. There is no single professional or service provider who ministers to all of an individual's needs. In cases of elder abuse, which may involve different kinds of abuse and neglect and require an array of services to assist in solving the problem it is important to ensure that the necessary professionals and service providers are involved and that they work closely together.

Some communities in the province have developed coordinating mechanisms between service agencies to insure all appropriate services are considered in a particular case, services are not duplicated, and important information is not missed. Other communities are in the early stage of developing such mechanisms.

Communities may choose to coordinate their efforts through either informal or formal structures and coordination can be at all levels, from administrators to line staff. Coordination can include policy and planning, programs and services, and resources and information. Whatever method or focus each community takes to tailor an integrated approach to meet its own needs, there is usually a tacit agreement and commitment from all the participants that coordination is an effective process which ultimately provides maximum support for the client, in this case, the victim of elder abuse.

The following are some advantages of a coordinated response to elder abuse:

- A more streamlined and coherent system for the victim of elder abuse.

- An enhancement of the continuity of care for the victim of elder abuse.
- A better understanding between professionals of the roles of each other.
- An improved system of appropriate referral for the victim of elder abuse.
- A reduction in the duplication of services and gaps in service.
- A way to better facilitate the development and the distribution of scarce resources.
- An opportunity for the flow of consistent information.
- An opportunity to establish protocols at the local level and therefore standardize services.
- An opportunity to share expertise and learn from each other.

The responsibility for the overall health and wellbeing of individuals in our society does not fall under any exclusive domain. Nor does this responsibility recognize any particular jurisdiction or professional boundaries. The same notion rings true for victims of elder abuse.

The purpose of this section is to list agencies and programs which may not have a special mandate to deal with elder abuse, but may offer the very service that is needed to alleviate the abuse. As one or more agencies may be called upon to intervene in a case of elder abuse, it is hoped this listing of potential resources will be of assistance to community service providers.

Emergency Intervention

When and how to intervene depends upon what kind of abuse or neglect is involved and on the degree of danger to the elderly person.

Some emergencies occur without warning. Others develop more slowly, with some warning, though they result in crises requiring prompt action and emergency response. Finally, there are situations that require assistance and referral to appropriate resources, but are not emergencies.

- If a person is injured or in immediate danger, **the first thing to do is call for emergency help, using 9-1-1 or the police or ambulance emergency number in your community.** In these situations one must make the call for assistance first, and later consider what resources are appropriate in a post-crisis, recovery phase.
- If there is a serious threat or impending danger, but time to organize a response, one must start by thinking about what is required to prevent an emergency from developing, and then organize whatever help is required to achieve that. Once these resources are in place and the danger is past, then one must consider longer term requirements and solutions.
- Thirdly, there are cases where there is no injury or immediate threat of injury, but abuse has occurred or seems about to occur. These situations might include financial abuse, psychological abuse, or neglect. Immediate attention may be required, but these are not life-threatening dangers.

It is important that service providers remember to place any emergency needs of the client foremost. If you believe someone to be seriously at risk, due to physical or emotional abuse or neglect, call the police or ambulance. You should be aware of your own agency protocol and procedure for this.

Guidelines for Referral

The following are guidelines for making an appropriate and useful referral. It should be kept in mind that it is generally the case that all service providers who work with people are, because of the nature of their work, pressed for time. Thus, it is important to make referrals that are carefully considered.

Before making a referral, ask yourself the following questions:

- What other services in the community could be useful to my client? Is there another agency that could provide better or more appropriate service?
- Is the client ready and willing to be referred to another service provider? Is the client feeling confident? Does the client understand the service options available?
- Is the client receiving service from other agencies? Has the client received services from other agencies in the past? You might wish to enquire about this to avoid duplication of services.
- Is it possible and more useful to get the information and advice from another agency or service provider, and not make a referral?
- Is there a fee for the service? Can the client afford to pay?
- Is the client eligible for the services of the agency you plan to contact? Do the client's needs and problems fit within the agency's mandate?
- Does the agency have the resources to provide the needed service?

It is also important to bear in mind that counselling theory holds that the most important factor in assisting an individual in moving from a dysfunctional to a more functional state, is the development of at least one meaningful relationship characterized by unconditional positive regard, trust, genuineness, and accurate empathy. Thus, it may be more beneficial to the client for you to maintain this helping relationship by continuing as the primary service provider and to liaise with other agencies as needed, rather than to refer the client on.

Health Resources

Most health-related programs for seniors in British Columbia are administered by the Ministry of Health and Ministry Responsible for Seniors. These programs provide health care for seniors and can be an integral part of the continuum of services available to an elderly person who has been abused.

The listing also includes some health-related voluntary associations that can provide information and support to elderly individuals and their families.

Family Physicians

Many elderly people trust their family physicians and will turn to them for assistance. In the course of providing general health care, the family physician is in a good position to detect signs of abuse, particularly physical and emotional abuse, and may refer patients to community resources. On the other hand, patient-physician confidentiality restricts what physicians can say to others who may be concerned about an older person. However, it may be appropriate to contact the family physician in a suspected case of abuse.

Hospitals

In emergency situations where an older person has been taken to hospital, the emergency room medical staff will undertake a medical examination to assess the immediate needs of the victim. Most general hospitals in the province have a social work department whose members may be able to assist in assessing the situation, counselling the victim and assisting in the development of an appropriate response. Hospital staff may also see symptoms of elder abuse when a patient is admitted for unrelated reasons. In any case, hospital social workers may be involved with community caregivers in planning for the discharge of an abused person. The strategy

undertaken by medical staff and social work staff is guided by the protocols that have been developed, within the individual hospital, for a response to elder abuse cases.

As well as basic in-patient, out-patient, and emergency treatment, some hospitals have specialized short-term geriatric assessment and treatment centres for the elderly. These centres provide more intensive diagnostic investigation and treatment than is available in the community, and coordinate the services of doctors, nurses, social workers and other health care professionals. The goal of these interdisciplinary teams is to keep elderly people in their homes for as long as possible. This service is provided through day hospital programs or on an inpatient basis.

Referrals to these short-term geriatric assessment and treatment centres are accepted from physicians, community care workers in the Division of Continuing Care, home care staff or staff of long term care facilities. In cases involving abuse, where the individual is confused, physically weak and in need of an assessment of competency by a specialized clinical team, a referral to one of these short term geriatric assessment centres can be a useful resource.

Health Units

Health Units operate throughout British Columbia, providing general public health services which include home visits by community health nurses, dental health services, mental health services, Continuing Care programs, as well as licensing of community care facilities.

The Health Unit is a key community resource. In responding to a situation of possible elder abuse, staff of a Health Unit will follow the specific policies and protocol developed by that unit for investigation and action.

Community health staff located within health units may be a valuable resource in identifying potential abuse situations, as they are able to provide nursing assessment, counselling and referral to appropriate professionals and agencies.

Mental Health Services

Mental health programs for seniors assist their clients in coping with major psychiatric disorders and in dealing with stresses associated with physical and psychological changes in later life.

Many cases of elder abuse involve chronic problems of physical or mental deterioration or both. Where a victim or abuser appears to have psychiatric or psychological difficulty, the mental health centre is an important resource. A mental health assessment provided by a multi-disciplinary team, composed of a nurse, psychiatrist, psychologist and social worker, can assist in determining the nature of the problem. Psychiatric or psychological counselling may be provided along with help in determining what community-based resources would help victims and abusers.

Continuing Care Division

The Continuing Care Division of the Ministry of Health provides a variety of in-home support services, special support services, and residential care services to assist individuals whose ability to function independently is affected by health-related problems.

Continuing Care Division staff in the community may assist a client who is known to be in an abusive situation to resolve issues of abuse that the client is willing to deal with. Existing service resources may be available to decrease or eliminate the potential for abuse. These services may also provide support for the family or caregiver, reducing stress between them and thus diffusing potential abusive situations. If a competent individual does not wish staff of Continuing Care to intervene and there is no indication of criminality, then that person's right to self-determination is respected. However, an individual who chooses to live in such a situation and is competent of making an informed decision, may be monitored. Clients who change their mind and request assistance may get the full range of services, including assessment, care interventions, monitoring and referrals to other service providers.

Continuing Care Programs Include:

Homemaker Services

Homemakers provide personal assistance with activities such as bathing, dressing and grooming. Homemakers may also assist with household tasks. The home support worker can be used to decrease the stress experienced by caregivers by assisting with tasks that might trigger abuse, for example, the care associated with incontinence. They may also act as buffers, whose presence in the home may decrease the potential for abuse.

Meals Programs

Some communities deliver hot meals through a Meals-on-Wheels program. Other communities may provide transportation to a meals program. These programs seek to improve the nutrition of elderly persons and also provide opportunities for social contact.

Respite Care

Respite Care provides a temporary substitute for primary non-professional caregivers such as a friend or family member. This care is provided either through home respite service or by admitting the client to a care facility for a short period.

Adult Day Care Programs

Adult day care provides organized health and recreational activities in a group setting. These programs can reduce an elderly person's social isolation and can also be beneficial to the caregiver in providing some respite from their caregiving responsibilities. Adult day care may provide hot meals and transportation to those who need them. The staff may include a nurse to help with the management of physical handicaps and medication, and a social worker who offers consultation and referral to centre members and their families.

Professional Services

These services include professional assistance for those whose health makes it difficult to look after themselves. This help is available on a non-emergency basis, seven days a week. Assessment and consultation by case managers and direct clinical nursing staff are provided. Home nursing care services are available in most communities, while physiotherapy and occupational therapy are limited services and not available in smaller communities.

Elder Abuse Coordinator

The Ministry of Health's Elder Abuse Coordinator (Quality Assurance team, Continuing Care Division) works with health care providers to encourage a consistent and appropriate response to elder abuse.

Alcohol and Drug Programs

The Ministry of Health is responsible for planning, funding, and coordinating treatment programs for abusers of alcohol and other drugs.

Where alcohol and substance abuse is thought to contribute to elder abuse, assessment and counselling can be obtained through Alcohol and Drug Programs. This may be appropriate for the elderly victim, the family or caregiver, or both.

Community-Based Support Groups

A variety of community-based support groups may be beneficial to the elderly and provide support and information to families and caregivers.

Caregiver Support Groups

Many communities have support groups for those caring for frail or disabled elderly relatives, their friends and families. These groups meet to discuss topics such as memory loss, behaviour problems, finance, depression, and stress management.

Alzheimer Society of British Columbia

This organization provides support and information to families, health care workers, and the general public. The association's provincial office operates an information line staffed with trained volunteers to give assistance to families who are dealing with the problems of Alzheimer. Some communities have Alzheimer support groups who provide emotional support and information for caregivers.

Stroke Association of British Columbia

The provincial office supports 37 stroke clubs through the province, and provides some counselling and referrals.

Social Service Resources

A wide range of support services are available in communities to assist the elderly in areas of outreach services, information and referral, counselling, and social programs. As these resources vary greatly across the province, it is not possible to provide a comprehensive listing, only a description of the most generally-available resources.

Senior Citizen Counsellors

The Senior Citizen Counsellor Program is sponsored by the Ministry of Social Services, and located in various communities throughout B.C. This program involves seniors who are appointed by the Minister because of their interest and involvement in seniors' activities. The counsellors work voluntarily in their community to ensure that the seniors living there are aware of and able to use the services available to them. Counsellors are aware of the importance of confidentiality and understand the needs of elderly persons. They receive training through conferences and workshops. Because of the skills they have developed and their understanding of the needs of the elderly, counsellors may provide information and support to a senior experiencing abuse or neglect.

Senior Citizen Centres

Many communities have Senior Citizen Centres which promote and encourage the wellness and proper care of seniors through a full range of programs and support services, from legal clinics to peer counselling services. These centres can assist in reducing isolation, developing social contacts and providing access to community support services.

Ethnospecific Agencies

In some communities there are ethnospecific agencies that have programs and services for ethnic seniors which may assist them in overcoming language and cultural barriers as well as addressing immediate needs and personal difficulties. In cases of abuse, these agencies may be able to assist elderly persons to locate and use social and financial support services, and provide counselling services for the caregiver.

Services for Aboriginal Peoples

Aboriginal elderly persons living off reserve may be able to gain assistance through Native Friendship Centres, and on reserves through the Band Council Social Services Office.

Financial Resources

The financial resources of a person should be explored in some cases of elder abuse. In some cases of self-neglect or neglect, inadequate income may be a central problem. In cases of financial abuse, it is important for service providers to be knowledgeable about the structure of the public pension system and the various sources of an abused elderly person's income.

Control of one's own resources or adequate support from government programs may be necessary to maintain or regain independence from an abuser. An elderly person can feel undue pressure or influence to use their finances for the benefit of another person. At times, an elderly person may not realize that someone they trust is taking advantage.

The following sections of the handbook provide an overview of government income security programs targeted chiefly or exclusively at Canadians over age 65. No attempt is made to provide details of eligibility and rates, as these are too extensive and change too frequently for the information in a handbook to be current and reliable.

Federal Benefits

Various federal income security programs are administered by Health and Welfare Canada and by Veterans Affairs Canada.

If there is suspicion that an elderly person's pension is not being used in his or her best interests, an office of the Income Security Program, Health and Welfare Canada, should be contacted. Income Security Program Offices can arrange for direct deposit of pension cheques to a bank account of a beneficiary.

Canada Pension Plan (CPP)

People who qualify for CPP benefits are generally those who made mandatory CPP contributions while employed or self-employed, or QPP contributions when working in Quebec. But, in addition to these contributors, the surviving spouse of a contributor may be eligible for benefits, as may those who have been credited with earnings following the breakdown of a legal or common law marriage to a contributor.

Canada Pension Plan benefits that may be available to an individual who makes an application include retirement pensions, disability pensions, survivor's allowances, and death benefits.

Old Age Security Pension (OAS)

All Canadians over the age of 65 who meet residence requirements are eligible for this basic monthly pension, regardless of other income, assets or working status. Low income spouses, widows, and widowers aged 60 - 64 may qualify for a Spouse's Allowance in addition to the Old Age Security Pension.

Guaranteed Income Supplement (GIS)

Individuals who are receiving Old Age Security and have little or no income are eligible for GIS. GIS is added to the monthly OAS payment and is indexed quarterly.

War Veteran's Benefits

Canadian war veterans, and survivors of those who received pensions awarded as compensation for disability or death related to military services, may be eligible for financial benefits. Veterans may also be entitled to comprehensive counselling and referral services provided through Veterans Affairs. These services include contributions towards home and health care support services, payment for prescribed medical treatment and grants toward funeral and burial costs.

Veterans Affairs Canada administers veterans pension and benefit programs. The Bureau of Pensions Advocates is an independent agency that provides free legal aid to applicants.

Provincial Benefits

At the provincial level, the Ministry of Social Services administers general financial assistance to eligible seniors. The Ministry of Municipal Affairs, Recreation and Housing administers the Shelter Aid for Elderly Renters (SAFER) Program. Elderly home owners are eligible for a Home Owner Grant to reduce the amount of their property tax, and may apply to the municipality where they live to defer payment of property taxes otherwise owing on their principle residence.

Seniors Supplement

The Seniors Supplement provides a guaranteed monthly income for British Columbia residents who are receiving the federal Guaranteed Income Supplement or a Spouse's Allowance in addition to Old Age Security. Coordination between federal and provincial programs means that an individual need not apply, as the Ministry of Social Services receives the federal pension information, calculates the supplement, and contacts eligible individuals to inform them of this.

GAIN Seniors Benefit

The GAIN Seniors Benefit provides income maintenance for those 65 years old and over who are not eligible for Old Age Security, Guaranteed Income Supplement or Spouse's Allowance, and who otherwise have little or no income. An individual must apply for this benefit: it is not automatic.

Temporary Emergency Relief

Seniors, like other British Columbia residents, are eligible for emergency financial assistance from the Ministry of Social Services in a crisis situation. Cash or vouchers may be given to people who do not have money for food, shelter, basic clothing or other requisites. These can be given on an immediate basis and even outside of normal office hours. For example, special payments may be issued to a senior who has left the family home due to marital breakdown and who faces some delay in being

recognized as a single person for the purpose of federal benefits. This provides bridge funding for an interim period, and can enable a threatened or abused person to avoid the source of abuse.

Family Maintenance Enforcement Program

The Ministry of the Attorney General oversees the administration of the Family Maintenance Enforcement Program. Through this program, persons with maintenance orders for spousal support can have payments monitored and, if necessary, arrears automatically enforced. This program can locate most debtors, even if they reside outside the province. To apply, complete a Filing Kit which is available at courthouses and Legal Services Society offices.

In addition, the *Family Relations Act of British Columbia* provides for the division of family assets and for support payments after separation. It can also be used to obtain a spousal restraining order, or exclusive occupancy of the family home in Supreme Court. The help of a lawyer, possibly through legal aid, will be necessary.

Shelter Aid for Elderly Renters (SAFER)

The SAFER program provides direct cash assistance to seniors, defined as age 60 and older, with a low to moderate income, who spend more than 30% of their gross income to rent their home. The amount of the subsidy is determined by the amount of rent paid and the individual's monthly income. SAFER can be very important in establishing an older person in an independent living situation, either immediately on leaving an abusive family home or after some time in a transition house or safe house.

Housing Resources

The B.C. Ministry of Municipal Affairs, Recreation and Housing offers several programs that help families, persons with disabilities, and seniors find affordable and suitable housing. Appropriate, independent housing that is affordable and easily maintained by a single person or couple can be very important in avoiding or eliminating some abusive situations. The following housing programs are available to seniors:

B.C. Housing Management Commission (BCHMC))

The British Columbia Housing Management Commission, reporting to the Minister of Municipal Affairs, Recreation and Housing, manages assisted rental housing funded by federal and provincial governments. BCHMC rents are reduced for low to moderate income tenants, reducing the rents paid by people who qualify to 30% of their gross income. Individual applicants are considered according to their housing needs with priority given to those in the greatest need.

There are long waiting lists for most of the housing managed by BCHMC. In principle, units are available to people who have resided in the province for more than one year prior to application, are age 55 or over, and are living on a low to moderate income.

Some of the housing it manages is operated directly by BCHMC, and other housing resources under BCHMC are in selected groups of non-profit, co-operative, and private market units. BCHMC accepts applications for Seniors Nonprofit Housing sponsored by a variety of groups, lodges, and cultural societies. BCHMC has accepted applications for co-op housing built with federal support through Canada Mortgage and Housing Corporation (CMHC) since 1986. Individuals may also apply directly to specific non-profit societies and housing cooperatives. Lists of seniors housing projects and wheelchair accessible housing units are available through BCHMC offices.

Additional Housing Resources

A number of community agencies, such as seniors' centres, information and referral services, and housing registries may also provide information on housing available in their communities. Some community agencies maintain housing referral services specifically for seniors.

Emergency Shelters, Transition Homes, and Safe Homes

The Ministry of Social Services provides funds through non-profit societies that presently support 48 transition houses and 11 safe houses in various locations throughout B.C. Some areas also have "second stage" housing, designed to ease a previously abused person's transition to independent living away from their abuser. Older women who are victims of spousal abuse can obtain shelter, emotional support, and crisis counselling from transition homes. Temporary emergency financial relief may also be provided by the Ministry to women in a period of crisis.

Legal Resources

Victims of elder abuse may need legal intervention or representation, in areas ranging from protection of their financial resources to separation and divorce proceedings when leaving an abusive relationship. There are a number of legal resources available which offer information, advice, advocacy, and service.

Office of the Public Trustee

The Office of the Public Trustee was established on the understanding that society has a responsibility to care for members of society who are unable to care for themselves. It is also recognized that people who cannot manage their legal or financial affairs are vulnerable to abuse.

Role of the Public Trustee

In cases of financial abuse, the authority of the Public Trustee to act depends on whether the alleged victim is considered to be mentally capable or not.

The Public Trustee has no authority to intervene when an adult is capable. However, the individual could be advised to give either the Public Trustee or another individual a Power of Attorney. Whoever receives the Power of Attorney would then take steps to protect the individual from further financial abuse and to recover any lost property.

If the financial abuse is being committed by someone who has a Power of Attorney, the capable adult can revoke that Power of Attorney and give the Public Trustee or another person a new Power of Attorney to take steps on their behalf.

Where the adult is considered not to be capable of making decisions about financial affairs – there are several options available.

If the alleged abuser has a Power of Attorney or is Committee of Estate, the Office of the Public Trustee should be notified. The Public Trustee has statutory authority to investigate these circumstances.

Where the alleged abuser has no legal authority, the service provider may wish to contact family or friends to determine if a Committee of Estate can be arranged.

Where family or friends are not appropriate to act, or if there is no one willing and able to act, the Office of the Public Trustee can step in as Committee of Estate to assume management of the adult's financial affairs and prevent further abuse.

More detailed descriptions of the mandate and role of the Public Trustee and definitions of key terms such as Power of Attorney are given in Appendix 1 of this handbook, Information Package for Service Providers, Office of the Public Trustee.

Office of the Ombudsman

The Ombudsman has broad powers to investigate administrative decisions, procedures, and practices of provincial government agencies, to act on complaints from the public, on her or his own initiative or at the request of the Legislative Assembly. The authority of the Ombudsman is limited to the review of administrative decisions and acts of officials of the Provincial Government. This authority to review also includes provincial boards, commissions and agencies.

Lawyer Referral Service

The Canadian Bar Association provides this service to assist individuals in selecting lawyers who can deal with specific legal problems. It offers reduced rates for the first half-hour of consultation, standard rates thereafter, and names of lawyers who are knowledgable in various fields.

Dial A Law

Dial A Law is a library of pre-recorded tape messages prepared by lawyers to provide practical information on specific topics of law. Only information is provided, not legal advice.

Legal Services Society/ Legal Aid

The Legal Services Society provides legal services, known as legal aid. This service is available to individuals on low income who have specific legal problems, including family law and spousal assault. The Society also operates a Law Line which provides information and a referral service over the telephone.

Legal Information Counselling Services

Some community agencies have legal information counsellors who can provide advocacy and information to those unable to afford a lawyer. Legal information counsellors can answer questions, help with problems, or refer you to the appropriate sources of assistance. They may also supervise volunteers who assist seniors, the disabled, and low income people to resolve legal and financial problems.

The Criminal Justice System

The criminal justice system in British Columbia is administered by the Ministry of the Attorney General.

All individuals who have been victimized by a crime, regardless of their age, are entitled to assistance and protection by the Criminal Justice System. The elderly are among the victims of a wide range of crimes from property related offenses such as breaking and entering to crimes of violence such as assault (including sexual assault).

Police

The police provide emergency intervention where there is a risk to the physical well-being of the elderly person. The police are responsible for the apprehension of suspects and for the prevention, detection and investigation of criminal offenses. The victim is under no legal requirement to report a particular occurrence. If the victim chooses to report an incident to the police, it is likely that he or she will have to be a witness if the case is prosecuted through the courts.

Victim Assistance Program

The Victim Assistance Program in British Columbia provides a number of support services for victims of crime at different levels throughout the criminal justice system. Victim support workers, who are trained professionals and volunteers, can help a victim or other witness to obtain whatever kind of assistance they need.

These services are usually located in police departments of R.C.M.P. detachments and provide information, referrals, and practical and emotional support to victims of crime. These programs can also provide court orientation and accompaniment as well as assistance with victim impact statements and application to criminal injuries compensation. Victims are also given information on the case as it proceeds through the system. Crisis intervention services are

available with some programs. Crime prevention assistance is available to seniors in the area of property and personal security. Specialized support services to assist victims of child sexual assault, wife assault, and sexual assault are also available.

Crown Counsel Victim and Witness Services

The mandate of these services differs from that of the Police-based Victim Assistance Program. They are intended to enhance prosecution services by providing support and assistance to victims and their families going through the Criminal Justice System. In addition to providing emotional support, assistance is provided with victim impact statements, case specific information, court orientation, court accompaniment and applications for criminal injuries compensation.

Specialized Support Services

These services usually operate out of community agencies that receive funding to provide support and encouragement to victims of wife assault, sexual assault and child sexual assault. Referrals are made to other appropriate agencies.

Criminal Injury Compensation Board

Compensation is available to victims of crime through the Criminal Injuries Compensation Board. Only crimes of violence are considered. The Board has the exclusive jurisdiction to determine whether a victim of crime is entitled to receive monetary compensation for injuries they may have received during the event. Victims of crime are usually required to report the matter to the police before being eligible and must request an application form from either the Compensation Board or any one of the victim assistance programs available in British Columbia.

CONNECTING

A HANDBOOK ON ABUSE OF THE ELDERLY

Part III

Community Resources Directory

It is important that service providers remember to place any emergency needs of the client foremost. If you believe someone to be seriously at risk, due to physical or emotional abuse or neglect, call the police or ambulance. You should be aware of your own agency protocol and procedure for this.

Emergency Phone Numbers

For Emergency Response, Call:

9-1-1 where available.

Or "0" for Operator,

Or one of:

- Your Ambulance Emergency Phone

  _____

- Your Police Emergency Phone

  _____

- Your Fire Department Emergency Phone

  _____

- Your Poison Control Emergency Phone

  _____

Other 24 hour Resource Numbers:

- Non-emergency Police Phone

  _____

- Your Victim Support Worker

  _____

- Your local Transition House
  or Shelter for Abused Women

  _____

Directory of Services

General Information

Call **Enquiry B.C.** for any questions you may have regarding provincial government services.

Telephone:	Greater Victoria	387-6121
	Metro Vancouver	660-2421
	Other Locations	1-800-663-7867

The B.C. Coalition On Abuse of the Elderly
c/o North Shore Community Services
1060 Roosevelt Crescent
North Vancouver, B.C.
V7P 1M3
Telephone: 985-7138

Elder Abuse Coordinator
Ministry of Health
Telephone: 387-2859

B.C. Institute on Family Violence
3405 Willingdon Avenue
Burnaby, B.C.
V5G 3H4
Telephone: 929-8400

Police-Based Victim Assistance
Manager, Ministry of Attorney General
Telephone: 387-6924
387-1751

Local Coordinators
Telephone: Local Police

Health Resources

Alcohol and Drug Programs
Ministry of Health

For information on substance abuse treatment and prevention programs in your area, call:

TRYLINE 1-800-663-1441

Information is provided on substance abuse in the areas of:

- Treatment Services
- Alcohol and Drug Information
- Education and Prevention Programs
- Community Mobilization/Task Forces
- Employee Assistance Programs
- Referral Services.

Local Programs:

Name: _____

Address: _____

_____

Telephone: _____

Contact Person: _____

Other Information: _____

_____

_____

_____

_____

Community-Based Support Groups

- **Alzheimer Society of B.C.**
  20 - 601 West Cordova Street
  Vancouver, B.C. V6B 1G1
  Telephone: 681-6530 (Vancouver)

Your local chapter:

Name: _____

Address: _____

_____

Telephone: _____

Contact Person: _____

Other Information: _____

_____

_____

- **Caregivers Support Societies**

These non-profit organizations are dedicated to establishing professionally-lead support groups where family caregivers can get information and assistance.

A program in your area:

Name: _____

Address: _____

_____

Telephone: _____

Contact Person: _____

Continuing Care Programs
Ministry of Health

For information about locally available programs and contact people, call your local health unit.

- **In Home Support Services:**
  - Homemaker Services
  - Meals Programs
  - Professional Services

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

- **Special Support Services:**
  - Adult Day Care Centres
  - Respite Care
  - Assessment and Treatment Centres

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

- **Residential Care Services:**
  - Care Homes
  - Family Care Homes

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

Agency/Contact Person: _____

Telephone: _____

Medical Health Officers and Facility Licensing Officers receive and investigate reports of abuse and safety hazards in facilities licensed by Continuing Care.

Contact Person: _____

Telephone: _____

Geriatric Assessment and Treatment Centres:

Vancouver: _____

Victoria: _____

Nanaimo: _____

Kelowna: _____

Other Information: _____

_____

_____

_____

Health Units

In Victoria and Greater Vancouver, health units are listed under "Municipalities and Regional Districts" in the blue pages of your telephone book. In other areas of the province, health units are listed under "Governments - British Columbia" in the blue pages of your telephone book.

Name: _____

Address: _____

_____

General Telephone: _____

Contact Person: _____

Telephone: _____

Hospitals

Your community hospital(s) are listed in the Yellow Pages under Hospitals.

Name: _____

Address: _____

_____

Switchboard Telephone: _____

Hospital Social Work Telephone: _____

Contact Person: _____

Contact Person: _____

Contact Person: _____

Medical Services Plan of B.C.
Ministry of Health

Telephone: 1-800-663-7100

Mental Health Centres
Ministry of Health

- **Mental Health Information Line**
  - Pre-recorded taped messages.
  - Printed materials mailed to interested callers.
  - Information on treatment and support groups.

Telephone: 669-7600

Your community mental health centre is listed under Government of B.C. in the blue pages of your telephone directory under the Ministry of Health.

Name: _____

Address: _____

_____

Telephone: _____

Contact Person: _____

Pharmacare

Telephone:	Greater Vancouver and area	681-9171
	Greater Victoria and area	387-3724
	Elsewhere in B.C.	1-800-665-7108

Social Service Resources

Ethnocultural Service Agencies

Some ethnocultural service agencies may also offer a range of services for seniors. The following ethnocultural agencies located in Vancouver may be able to help you locate a similar agency in your area.

SUCCESS – United Chinese Enrichment Service Society
Telephone: 253-5561

MOSAIC
Telephone: 254-9626

OASIS
Telephone: 324-8186

ISS – Immigrant Services Society
Telephone: 684-2561

For ethnocultural services in your area, check the front section of the telephone directory under Community Services.

Name: _____

Contact Person: _____

Telephone: _____

Other Information _____

_____

Senior Citizen Centres

To locate the Senior Citizen Centres in your community, check the front pages of the local telephone directory under Senior Citizens Services/Information and Referral.

Name: _____

Contact Person: _____

Telephone: _____

Other Information: _____

_____

Senior Citizen Counsellors

Senior Citizen Counsellors can be located either through the phone book or by calling your local Ministry of Social Services office.

Name: _____

Contact Person: _____

Telephone: _____

Name: _____

Contact Person: _____

Telephone: _____

Services for Aboriginal People

For assistance for elderly aboriginal persons contact the local Friendship Centre or a Band Council Office.

Name: _____

Contact Person: _____

Telephone: _____

Other Information: _____

_____

Financial Resources

Federal Benefits

Income Securities Program
Health and Welfare Canada

- Canada Pension Plan – CPP
- Retirement Pension
- Disability Pension
- Survivor's Allowance
- Death Benefits
- Old Age Security Pension – OAS
- Guaranteed Income Supplement – GIS
- Spouse's Allowance – SPA
- Widowed Spouse's Allowance

Your local Income Security office is listed in the blue pages under Government of Canada.

Name: _____

Address: _____

_____

Telephone: _____

Contact Person: _____

Information: _____

_____

Federal Benefits

Veterans Affairs Canada

- War Veteran's Benefits
- War Veteran's Allowance
- Veteran's Independence Program
- Aging Veteran's Program
- Treatment Benefits

For further information on Veteran's benefits, contact: Veteran's Affairs Canada

Telephone: 666-3776 (Vancouver)

Toll free number: 1-800-663-1931

Information: _____

_____

Provincial Benefits

Income Security Benefits
Ministry of Social Services

- GAIN –Guaranteed Available Income for Need
- Seniors Supplement

Telephone: Greater Victoria and area 387-4331
Greater Vancouver and area 682-0391
Elsewhere in B.C. 1-800-665-2656

Your local Ministry of Social Services office is listed under Government of British Columbia in the blue pages of your telephone book.

Contact Person: _____

Telephone: _____

Family Maintenance Enforcement Program
Ministry of the Attorney General

Your local Court Services or Family Maintenance office is listed under Government of British Columbia in the blue pages of your telephone book.

Contact Person: _____

Telephone: _____

Shelter Aid for Elderly Renters — SAFER Program
Ministry of Municipal Affairs, Recreation & Housing

Telephone: Greater Victoria and area 387-4331
Greater Vancouver and area 682-0391
Elsewhere in B.C. 1-800-665-2656

Information: _____

_____

Housing Resources

Shelter Aid for Elderly Renters - SAFER Program
See listing under Financial Resources.

B.C. Housing Management Commission - BCHMC

Telephone: 433-1711 (Burnaby)

Other regional offices can be contacted as listed below:

Lower Mainland West/Vancouver:	732-8844
Lower Mainland East/Burnaby:	525-3033
Vancouver Island/Victoria:	382-6127
Southern Interior/Penticton:	493-0301
North Coast/Prince Rupert:	627-7501
Northern Interior/Prince George:	562-9251

Name: _____

Contact Person: _____

Telephone: _____

Name: _____

Contact Person: _____

Telephone: _____

Additional Housing Resources

A number of community-based agencies such as Seniors Centres, Information and Referral Services and Housing Registries can provide information on housing available in your community.

Name: _____

Contact Person: _____

Telephone: _____

Name: _____

Contact Person: _____

Telephone: _____

Emergency Shelters

The Ministry of Social Services funds a number of emergency shelter facilities for women through Transition Homes and Safe Homes. The phone number for the shelter in your community can be obtained by contacting the local office of the Ministry of Social Services, the local crisis line, the local police department, or the Victims Information Line.

Victims Information Line	1-800-VICTIMS
Your local transition home:	Location is confidential.

Name: _____

Telephone: _____

Contact Person: _____

Other Information: _____

_____

Legal Resources

Lawyer Referral Service/Legal Information and Referral Services Canadian Bar Association

Telephone: 687-3221

DIAL A LAW is also available. Pre-recorded tape messages, information only, available 24 hours a day from touch tone phone.

Canadian Bar Association Dial A Law Toll free 1-800- 972 -0956

Name: _____

Telephone: _____

Contact Person: _____

Legal Services Society/Legal Aid

LAW LINE 660-4673

The Legal Services Society has a number of regional offices. Check the blue pages under the Government of B.C. for locations.

Name: _____

Telephone: _____

Office of the Public Trustee

Appendix 1 contains information provided by the Office of the Public Trustee for service providers.

Telephone: 660-4444 (Vancouver)

Office of the Ombudsman

Telephone:	Victoria and area	387-5855
	Toll Free	1-800-742-6517
	Vancouver and area	660-1366
	Toll Free	1-800-972-8972

The Criminal Justice System

Criminal Injuries Compensation Board

Telephone: _____

Contact Person: _____

Specialized Support Services

Name: _____

Telephone: _____

Contact Person: _____

Victim Assistance Program

Call the Victims Information Line for any questions you may have regarding services for victims of crime in B.C.

Victims Information Line 1-800-VICTIMS

Victim Assistance Program
Police Department/R.C.M.P. Detachment

Telephone: _____

Contact Person: _____

Victim Assistance Program
Crown Counsel Victim/Witness Service

Telephone: _____

Contact Person: _____

Your Local Resources

NAMES AND ADDRESSES

NUMBERS

CONNECTING

A HANDBOOK ON ABUSE OF THE ELDERLY

Appendix A

Services To Adults

Information Package for Service Providers

Office of the Public Trustee
1992

Preamble

This is an explanation of the role of the Public Trustee for service providers who assist vulnerable adults. The Office of the Public Trustee welcomes discussion with service providers to ensure appropriate referral is made to the Office.

The goal of the Public Trustee is to minimize intrusion and to encourage an individual and their family to make their own decisions concerning their financial and legal matters. When there is no one willing or able to act, the Public Trustee can assist as a last resort.

For more information, write or call:

The Office Of The Public Trustee
#600 - 808 West Hastings Street
Vancouver, B.C.
V6C 3L3

Telephone: (604) 660-1120
Fax: (604) 660-9498

8:30 a.m. to 4:30 p.m. - Mondays to Fridays

I. Role of the Public Trustee – General Responsibilities

The Public Trustee works to protect the financial interests and legal rights of minors, the mentally incapable, deceased and missing persons when there is no one else willing and able to act on their behalf.

The Office of the Public Trustee administers the estates of people who have died without leaving a will and without heirs living in British Columbia who are willing and able to act as administrator. The Office also administers the estates of people who die with a will, but neither the executors nor beneficiaries are willing or able to administer the estate.

II. Role of the Public Trustee In Assisting Mentally Incapable Individuals

The Public Trustee may be appointed Committee of the Estate to manage the financial and legal affairs of an individual who is mentally incapable of acting on his or her own behalf. The Public Trustee is usually appointed Committee when there are no friends or relatives willing and able to act. This appointment can be made by court order or through a certificate of incapability issued by a Director of a Provincial Mental Health facility or by an officer in charge of a Psychiatric Unit in a General Hospital.

As Committee of the Estate, the Public Trustee manages the daily administration of the estate and also ensures that the assets of the mentally incapable person are protected from anyone trying to take financial or legal advantage of the individual.

Under special circumstances, the Public Trustee may apply for a court order to act as Committee of the Person for someone who cannot make decisions about his or her own health care needs and has no one else willing and able to act. In addition, the Public Trustee:

- reviews and makes recommendations to court on all applications for Private Committeeship;
- reviews the accounts of all Private Committees appointed by the B.C. Supreme Court to represent mentally incapable persons; and
- investigates alleged financial abuse of mentally incapable adults or minors and takes appropriate corrective action.

III. General Procedures to Ensure Appropriate Referral to the Office of the Public Trustee

If an individual appears to be incapable of handling financial/legal affairs, the following options may be considered for resolving the problem:

1. Power of Attorney

If the individual is capable of making decisions, but needs assistance in managing financial/legal matters, the individual may be advised to grant a Power of Attorney and should be encouraged to seek the advice of a lawyer. In order to have the legal power to grant a Power of Attorney, an individual must be capable. An individual who grants a Power of Attorney does not give up the right to manage his/her own affairs. Both the individual and the Attorney can make decisions. The granting of a Power of Attorney allows the Attorney to take care of tasks on behalf of the person granting it.

If there are relatives or friends who are able to accept this responsibility and the individual wants them to assist, then a Power of Attorney form can be completed. This legal document can be for a specific task (for example, to sell a house or do banking) or it can be general, meaning the Attorney has the power to make decisions generally about the individual's property and finances.

If there is a concern about the individual's capability, it is advisable to seek a medical opinion on capability to grant a Power of Attorney. This is not a certificate of incapability, but only a professional opinion from a physician to serve as a guide to resolving the situation. It is important to note that a certificate of incapability issued by a Provincial Mental Health facility or officer in charge of a Psychiatric Unit in a General Hospital automatically makes the Public Trustee the Committee. Consequently, a certificate of incapability should not be requested unless a decision has been made that the Public Trustee should act as Committee.

A Power of Attorney ceases to be valid if the individual who grants it becomes mentally incapable, unless the document contains a special enduring clause. Such enduring Power of Attorney forms state that the authority is to continue, regardless of the individual's mental capacity.

If there are no relatives or friends who are able to accept responsibility, the Office of the Public Trustee may be consulted for advice on further options. One possible option at this time would be for the Office of the Public Trustee to be granted a Power of Attorney.

2. Trustee of Federal Government Pension Income

If the individual appears to be mentally incapable and only has income from Canadian Government Pensions, a relative or friend may wish to become the Trustee of Government Pension Income. As a Trustee of Government Pensions, an individual would manage monies paid through Old Age Security, Guaranteed Income Supplement and Canada Pension. A Trustee in this situation has no authority to manage any other income or assets and receives no payment for services. To become a Trustee of Federal Government Pension Income, the interested person can be advised to contact the nearest Health and Welfare Canada Income Security Program Office. This Office will provide an application form, along with a document to be completed by a doctor, identifying that the individual is incapable of handling

his/her own finances. In cases where there are no family or friends, the Office of the Public Trustee may become a Trustee of Government Pensions. **A facility operator or staff member may not become a Trustee of Government Pensions.**

3. Private Committee

If the individual is incapable of granting a Power of Attorney, and there are family members who are willing to become a Private Committee, they may be advised to seek the assistance of a lawyer. A Private Committee takes complete charge of an incapable individual's financial/legal affairs and is accountable to the Office of the Public Trustee. To become a Private Committee, the interested person must apply to the Supreme Court of British Columbia. Two medical affidavits on the individual's capability are necessary. A lawyer's assistance may be required to complete this application. There are legal costs involved in making this application and the court may order that reasonable costs shall be paid out of the individual's estate.

4. Public Trustee as Committee

If the individual is incapable of granting a Power of Attorney and there are no family members or friends who may wish to become Private Committee, then the Office of the Public Trustee should be notified to determine what options may be available. The Public Trustee could be appointed Committee.

It is important to consult with the Office of the Public Trustee before seeking a certificate of incapability issued by a Director of a Mental Health facility or an officer of a Psychiatric Unit. The reason for this is that the Public Trustee becomes Committee automatically, as soon as such a certificate is signed. Therefore, a certificate of incapability should not be requested unless there are no relative or friends willing or able to act, and a decision has been made that the Public Trustee should act as Committee.

IV. Financial Abuse – Role of the Office of the Public Trustee

There are a number of ways in which the Public Trustee can assist vulnerable people who are the victims of financial abuse. The authority of the Public Trustee depends on whether the alleged victim is considered to be mentally capable or mentally incapable.

1. Identify Key Facts Regarding the Individual's Situation

a. Does the individual appear to be incapable of making decisions? (It may be advisable to seek the guidance of a physician to obtain an opinion. This is not a formal assessment for a certificate of incapability, but a professional opinion to assist in determining what options are available. It is important to note that a certification of incapability automatically makes the Public Trustee the Committee.)

b. Does the alleged abuser have some form of legal authority, e.g., Power of Attorney, Committee of Person or Estate? (See Section V.)

2. If the Individual is Considered to be Mentally Capable

a. If the individual is mentally capable, there are a number of options available, including the option to seek and instruct legal counsel to take action on his/her behalf.

b. Where the individual is mentally capable, but is unable to remove himself/herself from the financial abuse, the service provider may wish to consult with the Office of the Public Trustee for advice and information. While the Public Trustee has no authority to intervene when individuals are mentally capable, the individual could choose to give either the Public Trustee or another individual Power of Attorney. To grant a Power of Attorney, a person must be capable. Whoever receives the Power of Attorney would need to be able to take

steps to protect the individual from financial abuse.

c. In cases where the individual is mentally capable and where the financial abuse is being performed by someone who has a Power of Attorney, the individual can revoke the current Power of Attorney and give the Public Trustee or another person Power of Attorney.

3. If the Individual is Considered to be Mentally Incapable

a. Where the alleged abuser has a Power of Attorney or is Committee, the service provider should notify the Office of the Public Trustee. The Public Trustee has the statutory authority to investigate and request an accounting.

b. Where there appears to be financial abuse, but the abuser has no legal authority, the service provider may wish to contact family and friends to determine if Private Committeeship can be arranged. However, if the situation is urgent and there is a need to protect the assets of an individual, the service provider may wish to contact the Public Trustee immediately. The Public Trustee may be able to take steps to immediately freeze/ secure assets where there is evidence of financial abuse.

c. If there are any concerns about family or friends or if there is no one willing and able to act, the Office of the Public Trustee should be contacted. The Office will assess the situation to determine what further options may be available. The Public Trustee can become Committee of the individual when there is no one willing and able to act. If appointed Committee of the Estate, the Public Trustee manages the financial and legal affairs of a person who is assessed as mentally incapable.

V. Definitions

1. Power of Attorney

A Power of Attorney is a legal document, granted by a capable individual, which gives authority to another person to make decisions for them. An individual who is incapable does not have the legal power to grant Power of Attorney. Only legal and financial authority can be given to another person in a Power of Attorney. Under current law, the power to make health care decisions on behalf of another individual cannot be granted by a Power of Attorney. The individual who grants the Power of Attorney can, in the document, give directions to or restrict the power of the person who is given the authority to make decisions.

The Public Trustee will also assist in the management of financial and legal affairs when appointed under a Power of Attorney by a person who is legally capable, but needs assistance.

If the Power of Attorney is to remain effective when the individual become mentally incapable, the Power of Attorney document must have a special clause that makes it "enduring"; otherwise, it ceases to be effective when the individual becomes incapable.

2. Trustee of Government Pensions

A Trustee of Canadian Government Pension Income is a person appointed to receive and spend federal pension income (OAS, GIS, CPP) for the benefit of an incapable pensioner. Any person, including the Public Trustee, can become a Trustee of Government Pension Income by completing an application form and obtaining the required physician's certificate verifying that the individual is incapable of handling these funds. These are presented to the nearest Health and Welfare Canada Income Security Program Office.

3. Committee

A Committee is a person appointed by court order to make decisions for an individual who has been declared mentally incapable by court order. A Committee could be a private individual (known as "Private Committee") such as a spouse, child or friend. When there is no one willing to be appointed as a Private Committee, the Public Trustee may be appointed. The Public Trustee can also become the Committee of the Estate through a certificate of incapability issued by a Director of a Provincial Mental Health facility or by an officer in charge of a Psychiatric Unit in a General Hospital. When the Public Trustee is appointed under a certificate, a court order is not required.

As Committee of Estate, a private individual or the Public Trustee has the authority to make decisions concerning another person's financial and legal affairs. Under certain circumstances, the court can appoint a Committee of Person with authority to make decisions concerning another person's physical well being, eg. consent to medical treatment and whether individuals should reside in their own home or be placed in a care facility.

CONNECTING

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Appendix B

Reference Material

General Resources

Elder Abuse and Neglect: A Guide to Intervention

Contact:

B.C. Coalition on Prevention of Elder Abuse and Neglect
c/o North Shore Community Services
1060 Roosevelt Crescent
North Vancouver, B.C. V7P 1M3
985-7138

Pamphlets in this series are also available in Chinese, Spanish, and Punjabi. For more copies of these pamphlets, contact:

People's Law School
150 900 Howe Street
Vancouver, B.C. V6Z 2M4
688-2565

Bibliography on Elder Abuse Family Violence Prevention Division/National Clearinghouse on Family Violence. 1988.

Contact:

National Clearinghouse on Family Violence
Family Violence Prevention Division
Social Services Programs Branch
Health and Welfare Canada
Finance Building, Room 1120
Tunney's Pasture
Ottawa, Ontario K1A 1B5
1-800-267-1291

Community Resource Directories for Seniors

There are many communities which publish resource directories for seniors. The following are some examples of community directories from the Lower Mainland.

- Directory for Burnaby, New Westminster, Coquitlam, Port Coquitlam, Port Moody, Pitt Meadows and Maple Ridge
- Directory for Delta, Langley, Surrey and White Rock
- Directory for Abbotsford, Clearbrook, Mission, Chilliwack, Kent Municipality and Hope
- Directory for the City of Vancouver, West Vancouver, North Vancouver and Richmond

Copies of the directories are available at local libraries, seniors centres, community centres, and Chambers of Commerce

When I'm 64: A Guide to Senior Citizens Benefits and Services

Contact:

Public Legal Education Program
Legal Services Society
Suite 300 - 1140 West Pender
Vancouver, B.C. V4E 4G1
660-4673

Legal Issues – Putting Your Affairs in Order

Contact:

North Shore Community Services
1060 Roosevelt Crescent
North Vancouver, B.C. V7P 1M3
985-7138

Information for Seniors: Your Guide to Programs and Benefits in British Columbia. Office for Seniors.

Contact:

Office for Seniors
Ministry of Health
6-2, 1515 Blanshard Street
Victoria, British Columbia V8W 3C8
387-2292

Senior Citizens: Crime Prevention Manual
West Vancouver Policemen's Association. 1988.

Copies available by writing:

West Vancouver Policemen's Association
P.O. Box 91074
West Vancouver, B.C.
V7V 3N3

Victim Assistance Program Publications
Booklets & Brochures:

The Victim Assistance Program...When Crime Touches You
Dealing with Breaking and Entering: A Pamphlet for Victims
Wife Assault: Information on Your Rights
Dealing with Sudden Death: A Pamphlet for Survivors
Wife Assault: A Guide for Medical Personnel

These publications are available from:

Communications and Public Affairs Department
Ministry of Attorney General
910 Government Street
Victoria, B.C. V8V 1X4
387-5818

Handbooks:

Wife Assault: Victim Support Worker Handbook
Sexual Assault: Victim Support Worker Handbook
Victims of Crime: Victim Support Worker Handbook

These publications are available from:

Policy and Program Services Division
Ministry of Attorney General
910 Government Street
Victoria, B.C. V8V 1X4
387-9545

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Gold, Deborah and Lisa Gwyther, "The Prevention of Elder Abuse: An Educational Model," Family Relations, 38, pg. 8-14, January 1989.

Gordon, Robert and Susan Tomita, "The Reporting of Abuse and Neglect: Mandatory or Voluntary?" Canada's Mental Health, Volume 38, No.4, pg. 1-15, 1990.

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Legal Services Society: Legal Education Program, When I'm 64: A Guide to Senior Citizens Benefits and Services, British Columbia, Revised April 1990.

McEwan, Kimberly L., Martha Donnelly, Duncan Robertson and Clyde Hertzman, Mental Health Division, Health Services and Promotion Branch: Department of National Health and Welfare, Mental Health Problems Among Canada's Seniors: Demographic and Epidemiologic Considerations, Ottawa, Ontario, 1991.

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Ministry of Health, Community Care Facility Branch, Protocol for Investigations of Abuse or Neglect in Adult Care Facilities Licensed under the Community Care Facility Act and Adult Care Regulations, British Columbia.

Ministry of Health, Continuing Care Division, Continuing Care and You, British Columbia.

Ministry of Health, InterMinistry Committee of Elder Abuse and Continuing Care Division, Principles, Procedures and Protocols for Elder Abuse, Vancouver, British Columbia, December 1991.

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Shell, Donna J., Minister of Supply and Services Canada, A Study on Elder Abuse, 1982.

Wahl, Judith and Sheila Purdy, Advocacy Centre for the Elderly and Community Legal Education, Elder Abuse: The Hidden Crime, Toronto, Ontario, 1991.